

CH

**RECEIVED**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISIONJAN 22 2008 *new*  
Jan 22 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURTTerrell Jones(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

08CV461

JUDGE HART

MAG. JUDGE BROWN

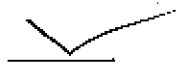
vs.

Case

(To be supplied by the \_\_\_\_\_)

Dr. Carlos AltezSalvador Gordiner"Et. AL"(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

## CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: Terrell Jones
- B. List all aliases: Tyrone Marshall
- C. Prisoner identification number: 20070057770
- D. Place of present confinement: Cook County Dept. of Corrections
- E. Address: PO Box 089002 Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Dr. Carlos Altez  
 Title: Doctor  
 Place of Employment: Cook County Jail (Medical Services Dept.)
- B. Defendant: Salvador Gordiner  
 Title: Director of Cermak  
 Place of Employment: Cook County Jail (Cermak Medical Dept.)
- C. Defendant: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: \_\_\_\_\_  
\_\_\_\_\_
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. List all defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: \_\_\_\_\_  
\_\_\_\_\_
- G. Basic claim made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On 9/13/07 I Terrell Jones was taken by correctional officers to the dispensary for a medical sick call here at the Cook County Jail Division 14 facility. Taken to be seen by Dr. Carlo Altez. During the visit I was explaining my problems 12 pimples on my face and Boils about my body. He started saying, "oh you have pretty skin, and who your trying to look good for, do you have a boy friend, I know you do, who is it your cell, and you can tell me. I won't tell anybody." At 1st I thought he was joking so I smirked it off and still tried to explain my problems but he pressed on. In between the unprofessional and derange comments, "I told him, 'I'm not gay, nor I don't go that way'." When I tried to explain my skin allergic reactions. His whole demeanor changed and he became rude stating this meeting is over get out my office. He never once ask me about any medical health issues or to show him or where was my boil at. It stated your refusing to listen or help me is refusing medical attention. He then walk out by the nurses station and said I want him out of here. He was yelling at me to get out causing a spectacle and disturbance.

I was asked what happened and I said, "Cause I  
won't go along with His Homosexual comments He's refusing  
to answer any other of my medical inquiries all of which I told the  
Nurse about prior. and on my medical slip. He close the door  
in my face after the next patient came in He calledומר  
Shabari Stewart ID# 20070004640. And inmate Larry Martin  
ID# 20060075301 also witnessed this along with the Nurses and a co.  
Mrs. Furgeson and other inmates who were waiting. He never denied  
making this comments. I wasn't showing any signs of me  
being gay so I felt offensive with this comments and  
~~disrespected~~<sup>disrespected</sup> as a man. I asked for His name but His colleagues  
stated they didn't know His Name, so I obtained it Later and  
filed a grievance with the social worker. It took me 4 tries cause  
3 other times I tried to send it to Her She kept stating she  
didn't receive anything on just my request slip so on 11-16-07  
I gave it to Her in Her Hands. I was referred to medical  
services and to this date I never heard from the since. No question's  
or interviews has been made. The Form Number is 2007X2304.

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I'm requesting to be compensated for <sup>the</sup> physical, disreputal and sexual  
harassment made by the defendant.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 16<sup>th</sup> day of December, 2007

Terrill Jones

(Signature of plaintiff or plaintiffs)

Terrill Jones

(Print name)

20070057770

(I.D. Number)

Cook County Jail

P.O. Box 089002

Chicago, IL 60608

(Address)

Home Address:

4528 S. LAWLER

Chgo. IL. 60638